

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



STATEMENT OF CANCELLATION OF ACQUIRED SHARES

(Section 414-102, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officer of the corporation submitting this Statement, certifies as follows:

1. The name of the corporation is:

2. The total number of shares the corporation is authorized to issue is:

CLASS/SERIES	NUMBER OF SHARES

3. The number of acquired shares cancelled is:

CLASS/SERIES	NUMBER OF SHARES

4. The total number of authorized shares remaining after the reduction of the shares is:

CLASS/SERIES	NUMBER OF SHARES

The undersigned certifies under the penalties of Section 414-20, Hawaii Revised Statutes, that the undersigned has read the above statements and that the same are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed by at least one officer of the corporation. All signatures must be in **black ink**. Submit original statement together with the appropriate fee. Statement must be filed **before** the filing of the corporation's next annual report.

Line 1. State the full name of the corporation.

Line 2. State the total number of authorized shares, by class or series, prior to the cancellation.

Line 3. State the number of acquired shares, by class or series, that are being cancelled.

Line 4. State the total number of authorized shares, by class or series, remaining after the reduction.

Filing Fees: **Filing fee (\$25.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge).

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.